

4738

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 160	
County of <u>Gila</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar's No. 302
District of _____	Local Registrar's No. _____		
Town of _____	St. _____		Ward) _____
or _____	(No. _____		
City of <u>Phoenix</u>			
FULL NAME OF CHILD <u>Virginia Smith</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>Yes</u>	Date of Birth <u>May 21</u>	Month	Day
			Yr. <u>1919</u>
FATHER		MOTHER	
Full Name <u>George J. Smith</u>		Full Maiden Name <u>Katie Abraham</u>	
Residence <u>Globe, Arizona</u>		Residence <u>Globe, Arizona</u>	
Color or Race <u>Syrian</u>	Age at last Birthday <u>37</u>	Color or Race <u>Syrian</u>	Age at last Birthday <u>37</u>
Birthplace <u>Syria</u>		Birthplace <u>Syria</u>	
Occupation <u>Grocer</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>5</u>	Number of Children, of this mother, now living <u>5</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>May 21</u> , 191 <u>9</u> , at <u>3:00</u> P.M.			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Alvin H. Hume M.D.</u>	
		Attending physician, midwife, householder.	
Given or Christian name added from a supplemental report _____ 191 <u>9</u>		Address <u>Globe, Arizona</u>	
Filed <u>JUL 3</u> 191 <u>9</u>		LOCAL REGISTRAR.	
529-521-214		B. E. Sox	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	